

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mail or on the front if space permits. 		<p>A. Signature X <i>An M Hayes</i></p> <p>B. Received by (Printed Name) <i>An M Hayes</i></p> <p>C. Date of Delivery <i>3/17/11</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:	<p>Jinhee Kim Wilde, Esq. Wilde and Associates LLC 111-3 Rockville Pike Ste 620 Rockville, MD 20852</p> <p>**PERSONAL AND CONFIDENTIAL**</p>		
2. Article Number (Transfer from service label)	7001 2510 0000 4853 6008		

—10030) DEC 1965

MAR 18 2011

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UNITED STATES POSTAL SERVICE



**First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10**

- **Sender:** Please print your name, address, and ZIP+4 in this box •

~~Office of the Clerk~~
United States District Court
101 W Lombard St Fourth Fl
Baltimore, MD 21201
Attn: Catherine M. N. Scaffidi

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